

State Form 4606 (R11/12-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Yes No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

NOBLES VILLE, IN. 4606 REPUBLICAN CANDIDATE INFORMATION (For Candidate's Committees Only)	COMMITTEE INFORMATI	ION		
2. Acronym or abbreviated name, if any 4. Mailing address (address where all campaign finance correspondence is received) P.O. BOX 1002 5. City, state, ZIP code CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full name of candidate (include any nickname) 9. Office sought (Include district number, if any. Not required for exploratory committee.) 10. County of residence 11. Check one: Pre-Pinany Pre-Election Annual Nomination Other Pre-Pinany Pre-Election Annual Nomination Other Pre-Pinany Pre-Election Annual Nomination Other Type of Report 12. Reporting Period: From: 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17a. Cash on hand and investments at cose of his reporting period (subtract 17c from 16 in both columns) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 73 \$ 73 \$ 73 \$ 73 \$ 73 \$ 73 \$ 73 \$ 73	Full name of committee (as on Statement of Organization) Check if this is a	new name		
4. Mailing address (address where all campaign finance correspondence is received) P. D. BOX 1002 5. City, state, ZIP code NOB LES VI LIE I A. 4606 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full name of candidate (include any nickname) 9. Office sought (include district number, if any. Not required for exploratory committee.) 10. County of residence 11. Check one: Pre-Firmary Pre-Election Annual Nomination Other Pre-Convention Final/Disbands Committee (lines 16. 19, and 20 must be '07) Outgoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting Period: Room I - 0 +	SNYDER ELECTION COMMITTEE			
S. City, state, ZIP code NOBLES VILLE, I.J., 46.061 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full name of candidate (include any nickname) 8. Party affiliation or if independent candidate 9. Office sought (include district number, if any. Not required for exploratory committee.) 10. County of residence 10. County of residence TYPE OF REPORT 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention FinalDisbands Committee (ines 16, 19, and 20 must be 10) Outgoing Treasurer (within 10 days amend Statement of Organization) Post-Convention Post-Convention Pre-Convention Post-Convention Collumn B Year to Date Through: 2-3 -04 This Period Year to Date 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Rote: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A)	2. Acronym or abbreviated name, if any	3. Com	mittee telephone number	
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5. City, state, ZIP code NOB LES VIILE FALL 46.06 CANDIDATE INFORMATION (For Candidate's Committees) 7. Full name of candidate (include any nickname) 9. Office sought (include district number, if any, Not required for exploratory committee.) 10. County of residence 11. Check one: Pre-Primary Pre-Election		Check if this	s is a new address	
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Final/Disbands Committee (lines 18, 19, and 20 must be '0') Outgoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting Period: From: I - I - O + Through: Q - 3 - O + This Period 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 16. Add lines 15 a and 15b in both columns SUBTOTAL O STATE OF THE SCHEDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized O O O 17c. Add lines 17a and 17b in both columns SUBTOTAL O O O O O O O O O O O O O			Check one:	
12. Reporting Period: From: 1-0-4 Through: 2-31-0-4 This Period 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15b. Unitemized CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15c. Add lines 15 a and 15b in both columns SUBTOTAL COLUMN B Year to Date TO 47, 48 1747-	Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention
From: 1-1-0+ Through: 2-31-0+ This Period Year to Date 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15 a and 15b in both columns SUBTOTAL 1747-48 EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 738 738 738 15. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 1009.48 1009.48 1009.48 1009.48	Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend State	ement of Organization	Post-Cor	nvention
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(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 5b. Unitemized 6 6 6 7 8 15c. Add lines 15 a and 15b in both columns 6 8 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B 1747-48 1747-48 1747-48 1747-48 1747-48 (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) 19. Debts OWED BY the committee (use Schedule D)				1747.48
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18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 100 9.48 100 9.48				0
19. Debts OWED BY the committee (use Schedule D)			13	738
	18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	1009.48	1009.48
20. Debts OWED TO the committee (use Schedule E)			0	
	20. Debts OWED TO the committee (use Schedule E)		0	

CERTIFICATION

I CEDTIEV THAT I HAVE EVANIMED FUIS STATEMENT TO THE DEST OF MY VAIONALEDGE AND BELIEF IT IS TRUE CORRECT AND COMPLETE

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER			
Page	of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	PENIOD	TEANTO-DATE	
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL *	THIS PAGE OF SCHEDULE A	\$ ()	THE RESERVE	The second second
TOTAL OF ALL PAGES OF SCHEDULE		\$ 0		



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
Page	of		

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
Page _	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc. (specify)			
2.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	in-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc. (specify)			
3.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc. (specify)			
4.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
	Misc. (apecity)			
5.	0-10-1-1			
*	Contributions: Direct			
	☐ In-Kind (describe)			
	Other Resolute:			
	Other Receipts:			
	Misc. (specify)			
	inisc. (specify)			
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TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 0		
(Enter total on ITE	M 15a of the Summary Sheet)	s 0		



(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER			
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RECIPIENT'S NAME AND MAILING ADDRESS) (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Hamilton County Republican Party Breaktast Club		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	15000	15000	5-19-04
us Postmuster		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	4800	4800	8-19-04
County Republican Party Lincoln Day		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	24000	24000	2-18-04
Mariners sign ad at Golf outling		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	20000	20000	5.26-04
Carter for Attorney General Campaign		Purpose:	10000	100.00	3-10-04
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$738		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 738		



(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
(street, number, city, state, ZIP code)		NATURE OF DEBT			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D				s ()	
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY				s 0	
(Enter total on ITEM 19 of the Summary Sheet)					• 0



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER					
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Page _	of				

BORROWER'S NAME	CO-SIGNER;S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT		CUMULATIVE	OUTSTANDING
& MAILING ADDRESS (street, number, city, state, ZIP code)		NATURE OF DEBT	DATE DEBT INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
,					
SUBTOTAL THIS PAGE OF SCHEDULE E					s ()
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet)					s 0